

# BREASTFEEDING TIMES

FEBRUARY 2013

VOLUME 2, ISSUE 2

## *Not Quite Done* by Erika Trainer



I am seeing an increased number of late preterm infants. The term late preterm is defined as an infant born from 34<sup>0/7</sup> to 36<sup>6/7</sup> weeks gestation. These infants and their mothers may look and be treated by many as though everything is normal. However, you may observe additional challenges and find the need for a unique care plan for this dyad.

Late preterm infants have a hard time maintaining their body temperature, are more vulnerable to infections, clear bilirubin more slowly, have a weak suck, and have less stable respiratory systems than those infants who

have more time to develop in mom. Moms of late preterm infants are also more likely to have diabetes, pregnancy-induced hypertension, and deliver by cesarean-section, all of which can affect their breastfeeding success.

We all need to keep an eye out for these babies and be prepared to support the mother and baby in reaching their feeding goals. Always ask for the "Birth Story." You will want to know how far along mom was when she went into labor, how long the labor was and any problems she had, all interventions used by the healthcare team, and how the mom and baby have been since coming home. All this information will give you the foundation on which to build your support. As you listen to her story note any red flags: 1) my baby was born a little early, 2) my baby is so good he is already sleeping four or more

hours at a time, 3) he just cannot stay on the breast and slides off after a few sucks.

These mothers and babies should be referred to the IBCLC as they will require close supervision. Until she can speak to the IBCLC, remind the mom to spend as much time as possible holding her baby skin-to-skin, to keep her baby warm by using a hat and placing a blanket over the baby while on her chest, to record the number of minutes the baby is actively sucking at the breast, and to feed every two to three hours. Once the IBCLC has worked with mother and baby and is assured the breastfeeding is on track, the mom may be referred back to the peer counselor for follow-up. Remember, it really takes each one of you providing your expertise to each mother to bring about the change we would all like to see. ☞

## *Breastfeeding Peer Counseling (BPC) Q&A Board*

**Q: In the Breastfeeding Peer Counselor Database (PCDB), is there a way to identify moms who have come off the BPC Program?**

**A:** A report listing participants who have come off the program can be accessed in the PCDB. The steps to access this report are: access the Local Agency's profile, select "Lists" (under "Reports" section), select "Recently Off Program" and mark the box at the

bottom of the screen to select one full month of data. The data fields in the final list include Family ID, Name, Area, DOB, Date Off the BPC Program, and Reason for Coming Off the Program.

Alternatively, some Local Agencies have developed their own internal systems for tracking this data by documenting the information on a simple spreadsheet when a mom comes off the BPC Program.

**Q: Is there a PCDB User Manual available to Local Agency BPC Program staff?**

**A:** Yes, the PCDB User Manual and User Manual updates can be accessed via links on the PCDB. Logon to the PCDB and click "Documentation" (under "User Support" section). In the Documentation Web page, you can click separate links to access the User Manual and additional User Manual updates. ☞

## RBL Corner — Welcome Shirley Chan and Susan McLaughlin



PENINSULA REGIONAL BREASTFEEDING COLLABORATIVE: SUSAN MCLAUGHLIN, SHEILA JANAKOS, SHIRLEY CHAN

The Peninsula Breastfeeding Collaborative welcomes two new members, Shirley Chan and Susan McLaughlin.

Shirley Chan is the new Regional Breastfeeding Liaison (RBL) for San Francisco City and County. Shirley has a BS in biochemistry from UCSD and an MPH, RD from Loma Linda University. She completed her CLE course and is

preparing to complete requirements for the IBCLC.

Having breastfed all four of her children, Shirley has experienced many successes and challenges with breastfeeding. She is excited to be able to work in a field that is important to her.

Shirley's background includes working for the 5-a-Day Program as a Research Associate, Dairy Council as a Territory Manager and Kaiser San Jose as a Health Educator. She also had a glimpse of WIC while completing her internship with San Mateo WIC.

In the last couple months, Shirley has started building relationships with providers in San Francisco, helping them promote and encourage breastfeeding. She is hoping to make

connections with birthing hospital administrators to obtain their support to register their hospital as a Baby-Friendly facility.

**"I BELIEVE PUBLIC HEALTH PROGRAMS LIKE WIC ARE THE BEST WAY TO INCREASE BREASTFEEDING AND ENSURE A HEALTHIER POPULATION."**

Susan McLaughlin is the new RBL for Santa Clara County. She is excited to be in the RBL position for Santa Clara County. She is an RN and a lactation consultant and practices part-time at a local hospital. She stated, "I believe public health programs like WIC are the best way to increase breastfeeding and ensure a healthier population." She lives in San Jose with her husband and two children. ☞

## Breastfeeding Peer Counseling (BPC) Program Highlight

The Watts WIC Breastfeeding Peer Counseling Program (BPCP), launched in 2004, is successfully providing breastfeeding support and education to WIC moms in an area where these services are sparse. The Watts BPCP is centrally located in the Service Planning Area (SPA) 6 geographic region of Los Angeles (LA) County. SPA 6 is composed of several cities and districts in LA including, Watts, Compton and Lynwood among others, and characterized by an impoverished population that often lacks access to public health services. Watts BPCP staff are implementing effective strategies to assist WIC moms in the area to breastfeed their babies.

Peer Counselors establish trusting relationships with moms through emphasis on "peer-to-peer" direct services such as providing basic latch



TOP: JANINE HAYES (PC), DEVONNA BELL (IBCLC), LYDIA BOYD (PC), IRENE GONZALEZ (PC). BOTTOM: WANDA KENLOW (BF COORD), SUPARB CHIARAVANONT (INTERIM WIC DIR)

support in the clinic and in home visits. Moreover, BPCP staff have created a unique approach to developing breastfeeding advocates by inviting moms to their Peer Counselor Training. This work is proving successful in changing perceptions about breastfeeding in a community

where breastfeeding is considered taboo, especially among many African American moms. Additionally, BPCP staff have implemented an internal referral system utilized by WIC staff that increases referrals and builds a stronger Peer Counselor/WIC staff working relationship.

Future projects include strengthening collaborative efforts with local hospitals to maintain the early notification referral process implemented in November 2012. Watts BPCP is excited about working to make breastfeeding the norm. ☞

